

## JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS. OCT 11 1960

53

Primary Registration District No.

3010

Registrar's No.

401

-60-034089

STATE FILE NUMBER

NDED

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Gir.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b>		c. CITY OR TOWN <b>Cape Girardeau</b>	
Length of stay in lb <b>17 yrs.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>46 S. Sprigg</b>		d. STREET ADDRESS (If outside, give location) <b>46 S. Sprigg</b>	
3. NAME OF DECEASED (Type or print) First <b>Richard</b> Middle <b>Bland</b> Last <b>Pikey</b>		4. DATE OF DEATH Month <b>Sept.</b> Day <b>28</b> Year <b>1960</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-1-1894</b>
9. AGE (last birthday) <b>65</b>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Oil Industry</b>	
11. BIRTHPLACE (City and state or country) <b>Conran, Mo.</b>		12. CITIZEN OF WHAT COUNTRY <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Benjamin F. Pikey</b>		13b. MOTHER'S MAIDEN NAME <b>Lucy Jane Henson</b>	
14. NAME OF HUSBAND OR WIFE <b>Vivian H. Pikey</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>YES WWI</b>	
16. SOCIAL SECURITY NO. <b>4492-09-0291</b>		17. INFORMANT <b>Vivian Pikey</b> Address <b>Cape Gir., Mo.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary infarction</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Coronary artery disease</b> DUE TO (b) <b>2 yr</b> DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH <b>2 yr</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>7:30 a.m.</b> Month, Day, Year <b>1957</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>1460</b>		
21. I attended the deceased from <b>1957</b> to <b>28 Sept. 1960</b> and last saw him alive on <b>27 Sept. 1960</b> Death occurred at <b>7:30 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Hugh V. Ashley, MD</b> (Degree or title)		22b. ADDRESS <b>Cape Girardeau</b>	
22c. DATE SIGNED <b>Mo-10-5-60</b>		23. NAME OF CEMETERY OR CREMATORY <b>Evergreen Cemetery</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>9-30-60</b>	
23c. LOCATION (City, town, or county) <b>New Madrid, Mo.</b>		23d. (State)	
24. FUNERAL DIRECTOR <b>Ford &amp; Sons</b>		25. DATE RECD. BY LOCAL REG. <b>Oct. 8. 1960</b>	
ADDRESS <b>Cape Girardeau, Mo.</b>		26. REGISTRAR'S SIGNATURE <b>Gene Kasten</b>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 14 1960

OCT 18 1960

APR 19 1961

OCT 11 1960

# STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

W. J. Ford

Licensed Embalmer No. 5057

P. O. Address Cape Girardeau

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
\* If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.